



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

December 5, 2006

Linda Hart, Administrator  
Aspen Grove Assisted Living - Idaho Falls  
2705 E 17th St  
Idaho Falls, ID 83406

License #: RC-584

Dear Ms. Hart:

On November 8, 2006, a life safety code survey was conducted at Aspen Grove Assisted Living - Idaho Falls. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

CL/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

November 14, 2006

FILE COPY

Linda Hart, Administrator  
Aspen Grove Assisted Living - Idaho Falls  
2705 E 17th St  
Idaho Falls, ID 83406

Dear Ms. Hart:

On November 8, 2006, a life safety code survey was conducted at Aspen Grove Assisted Living - Idaho Falls. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by December 8, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R584</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/08/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASPEN GROVE ASSISTED LIVING - IDAHO FAI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2705 E 17TH ST IDAHO FALLS, ID 83406</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 8, 2006.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

SUO421

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name	Physical Address	Phone Number
Aspen Grove Assisted Living/IF	2705 E 17th Street	(208) 522-4044
Administrator	City	ZIP Code
Linda Hart	Idaho Falls	83406
Survey Team Leader	Survey Type	Survey Date
Chris Laumann	Fire / Life Safety	11/8/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.405.03	medical gases: The oxygen bottles used in Room 8 were found propped up against the wall. They were not properly stored in a crate or chained against the wall.	
2	16.03.22.404.01	NEPA 101 (1988) edition code requirements: <u>Protection of Hazardous areas</u> The smoke resistive barrier in the <u>mechanical/water heater room</u> was compromised due to 5 holes in the ceiling around exhaust piping and sprinkler piping. The holes range from 1/2 in to 2 1/2 in gaps. Two kitchen doors were found to not be self closing both leading to the corridor. 3 holes were found in the laundry room (2 in the ceiling and 1 in the wall) compromising the required smoke barrier. The soiled linen room was found to not be secured with a self closing device. Two doors require the self closers.	

Response Required Date

12/8/06

Signature of Facility Representative

Linda Hart



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Aspen Grove Assisted Living / IF</i>	Physical Address <i>2705 E 17th Street</i>	Phone Number <i>(208) 522-4044</i>
Administrator <i>Linda Hart</i>	City <i>Idaho Falls.</i>	ZIP Code <i>83406</i>
Survey Team Leader <i>Chris Laumann</i>	Survey Type <i>Fire/Life Safety.</i>	Survey Date <i>11/8/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
2	16.03.22.404.01	continued. Maintaining the integrity of the corridor. A PA system speaker was found to be hanging from the ceiling of the mechanical corridor creating a 2 inch gap in the smoke barrier.	
3.	16.03.22.405.02.	Fire Alarm Smoke detection system: The fire alarm panel currently in use is obsolete due to the fact that it is not operated/activated and controlled by use of a key activated/code activated control system (Fire alarm Control Panel).	
4.	16.03.22.405.05	Maintaining the structure and equipment to Assure safety. The rear fence outside the facility did not have a latchable gate. The latching mechanism had been removed.	

Response Required Date

*12/8/06*

Signature of Facility Representative

*Linda Hart*